

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-04-1156.M2

NOTICE OF INDEPENDENT REVIEW DECISION

September 23, 2003

RE: MDR Tracking #: M2-03-1454-01
IRO Certificate #: IRO 4326

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ___ physician reviewer who is board certified in pain management which is the same specialty as the treating physician. The ___ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient sustained a neck and lumbar spine injury on ___, mechanism unknown. He has been seeing a pain management physician for several years and has had a positive response to facet injections. The patient has completed a trial of the RS4i unit and reports significant benefit from its use.

Requested Service(s)

An RS4i sequential stimulator 4-channel combination interferential and muscle stimulator

Decision

It is determined that the proposed purchase of an RS4i sequential stimulator 4-channel combination interferential and muscle stimulator is not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

This patient has had pain since ___. The letters of medical necessity written 04/18/03 and 05/06/03 have many inconsistencies. It is stated the patient uses the unit twice a day, when the progress note dated 03/05/03 states he uses it only once a day. The progress note also states he has not

decreased the amount of pain medication used. Also, activities of daily living (ADLs) have not changed.

The letters of medical necessity also are requesting facet blocks. It would be more effective for treating this patient's symptoms to try the facet blocks rather than purchase the RS4i unit for the minimal results this patient is obtaining.

Of note, the referral letter of 04/18/03 states that the unit is to "address the treatment goal of muscle rehabilitation". This patient was injured in ____ and if he has not achieved muscle rehabilitation by now, further success is unlikely. The dictation also states "the intent is to heal the patient quickly without residual complications, which may require further medical effort and expense". This patient is in the tertiary stage of care and is not in the "healing" process. Therefore, it is determined that the proposed purchase of an RS4i sequential stimulator 4-channel combination interferential & muscle stimulator is not medically necessary.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5 (c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for hearing and a **copy of this decision** must be sent to: Chief Clerk of Proceedings/Appeals Clerk, Texas Workers' Compensation Commission, P.O. Box 17787, Austin, Texas, 78744, Fax: 512-804-4011.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in this dispute.

Sincerely,

In accordance with Commission Rule 102.4 (h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 23rd day of September 2003.